

Testimony

Senate Bill 2298

House Human Services Committee

Monday, February 28, 2005; 9 a.m.

North Dakota Department of Health

Good morning, Madam Chair and members of the House Human Services Committee. My name is Arvy Smith, and I am Deputy State Health Officer of the North Dakota Department of Health. I am here today to provide information regarding Senate Bill 2298.

The Department of Health supports efforts to increase awareness and information available to potential bone marrow donors and would be happy to work with the National Marrow Donor Program to ensure appropriate distribution of materials in North Dakota. The National Marrow Donor Program was established by Congress in 1984, merged with the National Bone Marrow Donor Registry in 1988, and reconfigured as a separate nonprofit organization with headquarters in Minneapolis in 1990. The National Marrow Donor Program receives 40 percent of its funding from Congress and has more than 500 employees.

Functions of the National Marrow Donor Program include partnering with anyone across the country to recruit potential donors, distributing educational materials, educating minority populations, and developing resource materials as requested for specific populations. In addition, legislation expanded their function to include networking donor centers, addressing diversity, consolidating all the regional/local registries and establishing a patient advocacy system. By the end of this summer, it will have merged operations with all American Red Cross donor centers and partnered with international organizations.

Senate Bill 2298 requires the Department of Health to implement a program to provide information and distribute materials regarding bone marrow donation when a national organization already exists to do this. The department would be happy to facilitate efforts with the national organization to improve distribution of information and fill gaps identified in North Dakota. However, it is not necessary for the state to incur the costs for this effort. To implement a program as described in Section 1 of this bill, it would require resources such as staff time to keep the distribution points updated, postage, printing and other administrative expenses. Depending on what is included as other public offices as identified in number 3 of Section 1 of the bill, material distribution could prove to be quite extensive. Based upon department experiences in maintaining databases for distribution purposes for other programs, it is estimated that this function would require at least a .25 FTE.

The National Marrow Donor Program maintains a website filled with valuable information for donors, organ and marrow recipients, health-care providers, caretakers and interested others. The national program staff suggested a link from our Department of Health website to their site (www.marrow.org) and sent us samples of their educational materials.

The staff of the National Marrow Donor Program indicated that they were very impressed to see the language regarding administrative leave for organ and bone marrow donation in Section 2 of the bill and consider it the gold standard they would like to see in every state.

This concludes my testimony. I would be happy to answer any questions you may have.